

## UNITED STATES DISTRICT COURT

for the

District of New Hampshire



\_\_\_\_ Division

LEILA CRUZ MCCOY

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

US DEPT OF HEALTH AND HUMAN SERVICES  
US DEPT OF AGRICULTURE  
US DEPT OF HOUSING AND URBAN  
DEVELOPMENT

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	LEILA CRUZ MCCOY
Street Address	3305 CLARK LN #103
City and County	COLUMBIA, BOONE
State and Zip Code	MISSOURI 65202
Telephone Number	850.737.7035
E-mail Address	MUSLIMHHS@ICLOUD.COM

(Mailing)

Current Physical Address  
General Delivery  
Greenland NH 03840

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

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## Defendant No. 1

Name	US DEPT OF HEALTH AND HUMAN SERVICES
Job or Title <i>(if known)</i>	
Street Address	200 Independence Avenue, S.W.
City and County	
State and Zip Code	WASHINGTON DC
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 2

Name	US DEPT OF HOUSING AND URBAN DEVELOPMENT
Job or Title <i>(if known)</i>	
Street Address	451 7th Street S.W
City and County	
State and Zip Code	Washington, DC 20410
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 3

Name	US DEPT OF AGRICULTURE
Job or Title <i>(if known)</i>	
Street Address	1400 Independence Ave., S.W.
City and County	
State and Zip Code	Washington, DC 20250
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

42 USC 1983, ADA, VAWA, REHABILITATION ACT AND AMERICANS WITH DISABILITIES ACT  
CIVIL RIGHTS ACT

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* \_\_\_\_\_, is a citizen of the  
State of *(name)* \_\_\_\_\_.

**b. If the plaintiff is a corporation**

The plaintiff, *(name)* \_\_\_\_\_, is incorporated  
under the laws of the State of *(name)* \_\_\_\_\_,  
and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, *(name)* \_\_\_\_\_, is a citizen of  
the State of *(name)* \_\_\_\_\_. Or is a citizen of  
*(foreign nation)* \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, *(name)* \_\_\_\_\_, is incorporated under  
the laws of the State of *(name)* \_\_\_\_\_, and has its  
principal place of business in the State of *(name)* \_\_\_\_\_.  
Or is incorporated under the laws of *(foreign nation)* \_\_\_\_\_,  
and has its principal place of business in *(name)* \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

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### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

SEE ATTACHED STATEMENT

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### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

75 MILLION DOLLARS

SEE ATTACHED

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 06/14/2022

Signature of Plaintiff

Printed Name of Plaintiff LEILA CRUZ MCCOY

**B. For Attorneys**

Date of signing:

Signature of Attorney

N/A

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Leila Cruz McCoy

v.

USDHHS ET AL

Between October 31, 2015 and June 14 2022 the defendants have subjected Plaintiff and her children to cruel and unusual punishment, and discriminated against them on the basis of race, religion, national origin, disability and familial status. The defendants have also subjected Plaintiff and her female children to discrimination based on gender by depriving them of protections afforded them under the Violence Against Women Act in the administration of federal food, housing, cash and medical assistance programs by their agencies and their local contracted offices. The defendants have failed to enforce their own civil rights regulations because Plaintiff filed a complaint regarding the lack of accessibility in defendants agency websites, forms, publications, communications and asked for correction of serious lack of compliance with the ADA. web accessibility standards and national assistive technology requirements including but not limited to refusing to provide accessible format publications specifically for the blind, disabled and elderly so they can understand what agency regulations apply to their families as opposed to huge documents full of rules for non disabled patrons. Plaintiff has provided medical verification that the requested accommodations are medically necessary, followed defendants ADA request policies and been subjected to false arrest, emotional and verbal abuse, harassment and Defendants deliberately cross referenced Plaintiff and her childrens' birth identities with a "safe" identity given them in a sealed court proceeding for victims of crime under VAWA regulations-outing Plaintiff as a kidnapping and rape victim but taking no action to ensure the perpetrator was prosecuted.

Defendants subjected Plaintiff and her children to civil rights violations by illegally weaponizing the police, courts and threatening Plaintiff with 20 years in jail if she did not give them her SSI for the blind which is protected by the Social Security Act. Defendants did not follow the federal assistance regulations for collection of alleged overpayments from the blind and disabled and deprived Plaintiff of accessible format documents/regulations copies so she would not know they were illegally extorting her for the SSI welfare payments she needs to survive. Defendants illegally retroactively recalculated Plaintiff and her children's benefits to create non-existent overpayments using rules for non-disabled program participants in retaliation for Plaintiff's ADA and civil rights enforcement activities and refused to return the protected SSI money when Plaintiff provided evidence no intentional program violations ever took place and her SSI cannot be garnished for the financial benefits of Defendants agency due to prohibition of garnishment under the social security act.

The defendants administer cash, food, medical and housing assistance under color of law as agents of the US Government. The Defendants' agencies and local offices are placed of public accommodations and required to adhere to ADA, VAWA, Rehabilitation Act, Fair Housing Act and Civil Rights Act. The defendants have denied Plaintiff and her disabled children protections afforded them under the regulations mentioned in the previous sentence and under the "special regulations/rules" for disabled participants in federal assistance programs including the national assistive technology act and violence against women act.



The USDHHS and its local offices DBA CA Dept of Social Services and CO Dept of Social Services have repeatedly violated Plaintiff's rights under the UCCJEA and disregarded the order granting her full custody of her children from Boone County Missouri Juvenile court to avoid providing her reasonable accommodations, policy modifications, accessible documents, assistive technology and disability interpreter and assistant services that will allow her children to receive treatment in the least restrictive environment

Plaintiff and her children with disabilities have been deprived of protections afforded them under federal assistance program rules, the rehabilitation act, the Americans With Disabilities Act, the fair housing act and the civil rights act

plaintiff is blind mobility impaired has congestive heart failure and insulin-dependent diabetes from birth. disabled children in the household have hereditary cardiac respiratory and mental health disabilities. The family provided proof of disability in the form of letters from license to rehabilitation counselor, Social Security administration disability award letters for the blind and technology assessments and medical verification letters from their doctors

When plaintiff or her relatives filed legitimate Americans with disabilities act or Civil Rights complaints against the defendant agencies or their local offices defendants with Weaponized the local courts and police against the family and remove custody of the children, subject into false arrest and malicious prosecution under rules that only apply to people who are not disabled that receipt public assistance, food assistance and housing assistance or medical assistance under federal programs with their children. The adults in plaintive household are all disabled and the household is considered a SSI household with completely different eligibility, case maintenance, reporting and other requirements under the special rules for blind elderly and disabled participants in federal assistance programs including but not limited to Proper calculation of federal assistance benefits with disability, blindness, service animal, adaptive equipment and other deductions the family is eligible for under IRS and federal special rules for persons with disabilities in the administration of food, cash, housing in medical assistance under the Defendants agency programs

Defendants refused to provide the plaintiff and or her caretaker a copy of any forms publications and program regulation manuals in accessible format however they did have plaintive arrested in retaliation for filing a legitimate Americans with disabilities act complaint regarding the lack of equal access in there federal programs. when the plaintiff requested a administrative disability reconsideration conference and state or administrative law judge hearing from the defendant agencies they filed a false restraining order against the plaintive to prevent her from attending her own conference and hearing and to prevent her from being able to get due process or prepare for the hearings

On two occasions when plaintiff filed ADA RECONSIDERATION APPEALS, FAIR HOUSING SETTLEMENT COMPLAINT AND OR REQUESTED STATE HEARINGS TO OPPOSE ADVERSE AGENCY ACTIONS AGAINST SHE AND HER CHILDREN DEFENDANTS

WEAPONIZED THE LOCAL COURTS AND HAD PLAINTIFFS CHILDREN REMOVED FROM HER CARE WHEN THE CHILDREN DID NOT MEET OUT OF HOME PLACEMENT CRITERIA OR HAD PLAINTIFF ARRESTED AND HEALTH WITHOUT PAIN MEDICATION, INSULIN, PRESCRIBED IN HOME NURSING SERVICES AND CHARGED HER WITH CRIMES DEFENDANTS KNEW IT WAS PHYSICALLY IMPOSSIBLE FOR PLAINTIFF TO COMMIT GIVEN HER DISABILITIES AND DEPENDENCE ON OTHERS SUCH AS HER CASE WORKERS TO HELP HER FILL OUT FORMS AS THE DEFENDANTS HAVE NO ACCESSIBLE FORMS, APPLICATIONS NOR PUBLICATIONS FOR THE SENSORY IMPAIRED OR HANDICAPPED WHO NEED TO USE THEIR VOICE TO FILL OUT FORMS.

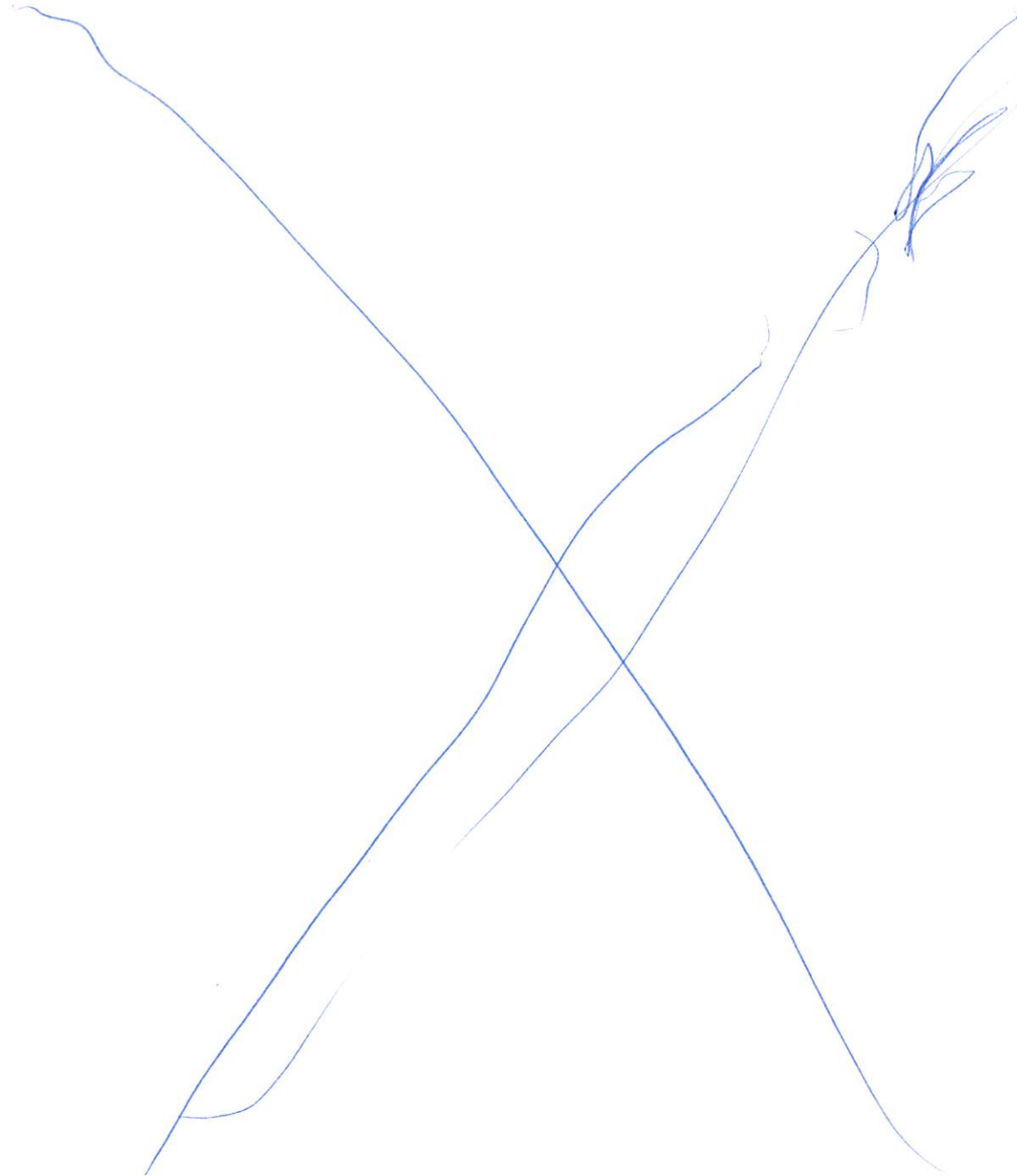
Defendants refuse to improve web accessibility for those with multiple handicaps who cannot access their forms, applications, publications or use print on their websites and have refused to install accessible software for the blind and handicapped in their local offices. Defendants have refused to process and properly investigate multiple civil rights ADA complaints filed by Plaintiff, her relatives and caretakers regarding abusive discriminatory behavior and retaliation by staff at local offices against Plaintiff and her children for filing legitimate ADA/Civil rights complaints. Although Plaintiff pleaded with Defendants to provide her equal access, due process and disability interpreter/accessible documents and a piece of loaned assistive technology to access their documents, forms, Publications and services-defendants refused even after their negligence caused Plaintiff and her children to be hospitalized multiple times, to have a stillbirth in a public toilet after Defendants refused disabled plaintiff and he children access to housing, homeless and pandemic assistance even though Defendants knew because Plaintiff and her children require a caretaker, they are not eligible to live in local homeless shelters

She and her children provided proof of their disabilities and requested reasonable accommodation, accessible format documents and disability interpreters along with equal access to the fair hearings process for all three defendants agencies and they refused to provide them to the family even after receiving medical verification that every reasonable accommodation request was medically necessary. Plaintiff also repeatedly asked Defendants and their local offices to work with blindness professionals, screen reader/adaptive software manufacturers, assistive technology programs and to use US Postal Service free matter for the blind who could assist defendants in providing her "equal access" to other programs, services and hearing procedures but Defendants refused to use these resources to resolve the ADA and civil rights complaints. Defendants provide policy modifications, interpreters and alternative format for non-citizens so their families might have equal access to services but illegally denied Plaintiff the same terms of services and equal protection under the law/their program regulations because she is a US Citizen. Defendants abused the protective order and child protective services regions to intimidate, harass and prevent Plaintiff and her children from receiving fair hearings/disability reconsideration with accommodations, assistive technology and disability interpreter service in place. Plaintiff requested Administrative law judge hearings from the Defendants with accommodations and they refused to schedule them.

PERSONS INVOLVED:



1. HUD: MARCIA FUDGE, CHARLOTTE BOYD, DEBORAH MANIGAULT, LOGAN BROWN, LACY BYRNE
2. USDA CIVIL RIGHTS OFFICE DENVER/SAN FRANCISCO, TOM VILSACK
3. USDHHS: ANDREA OLIVERY



A large, handwritten blue 'X' mark is drawn across the lower half of the page. In the upper right corner, there is a signature in blue ink that appears to read 'LACY BYRNE'.



## Social Security Administration Benefit Verification Letter

Date: June 13, 2022  
BNC#: 22QU642K64009  
REF: C6, BI

LEILA MARIE MCCOY  
GENERAL DELIVERY  
SOUTH LAKE TAHOE CA 96151-9999

\*0101BEV4K1QA3Q\* CCM.M72.BEV4K.R220613

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

### Information About Current Social Security Benefits

Beginning June 2012, the full monthly Social Security benefit before any deductions is \$0.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$0.00.  
(We must round down to the whole dollar.)

Benefits were stopped beginning June 2012.

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

### Type of Social Security Benefit Information

You are entitled to monthly benefits as a disabled dependent of the wage earner.

### Information About Supplemental Security Income Payments

Beginning June 2022, the current Supplemental Security Income payment is \$1,085.26.

This is after we have withheld \$25.00 to recover an overpayment.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

See Next Page

22QU642K64009

Page 2 of 2

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on January 1, 1992.

**Type of Supplemental Security Income Payment Information**

You are entitled to monthly payments as a blind individual.

**Date of Birth Information**

The date of birth shown on our records is January 16, 1975.

**Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

**If You Have Questions**

**Need more help?**

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 1-877-545-5497.

SOCIAL SECURITY  
SUITE A  
3916 MISSOURI FLAT RD  
PLACERVILLE CA 95667

**How are we doing?** Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

*Social Security Administration*



**FROM:**

Leila Cruz

3305 Clark Ln #103

Columbia MO 65202

**TO:**

Civil Clerk

US Dist Court

55 Pleasant St

#110

Concord NH 03301



1000



03301

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